

## EXHIBIT 5-E

### INDIVIDUAL DIRECT BENEFIT RECORDING FORM To be Completed by Head of Household

(*Name of Grantee*) is required by the federal regulations governing the Home Investment Partnerships (HOME) Program to request the following information in order for the Montana Department of Commerce to monitor this agency's compliance with federal equal opportunity and fair housing laws. **You are not required to furnish this information, but are encouraged to do so.**

The law provides that an agency may not discriminate on the basis of this information, or on the basis of whether you choose to furnish the information. However, if you choose not to furnish it, this agency is required to note race, gender and/or mental or physical disability status on the basis of visual observation and/or surname.

If you do not wish to furnish the requested information, please check the appropriate box below.

☐ I do not wish to furnish this information

If you do wish to furnish the requested information, please check the boxes below which apply to the head of household (**check ALL that apply**):

**Hispanic?** ☐ Yes ☐ No

**Race:**

- |   |  |
|---|--|
| <input type="checkbox"/> White  | <input type="checkbox"/> Female                        |
| <input type="checkbox"/> Black/African American                                     | <input type="checkbox"/> Male                          |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> Mental or Physical Disability |
| <input type="checkbox"/> American Indian/Alaska Native                              | <input type="checkbox"/> Elderly (over age 62)         |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                     |  |
| <input type="checkbox"/> American Indian/Alaska Native & White                      |  |
| <input type="checkbox"/> Asian & White  |  |
| <input type="checkbox"/> Black/African American & White                             |  |
| <input type="checkbox"/> American Indian/Alaska Native & Black/<br>African American |  |
| <input type="checkbox"/> Other Multi Racial   |  |

Name of Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

On the basis of sight or surname, the above information has been noted by:

Name: \_\_\_\_\_ Initialed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## DIRECT BENEFIT SUMMARY DATA

BENEFICIARY NAME AND ADDRESS	RACIAL/ETHNIC CATEGORY	M	F	H	E	FHH	LOW/MOD INCOME	NUMBER IN HOUSE-HOLD	HOUSEHOLD INCOME	AMOUNT OF ASSISTANCE	TYPE OF ASSISTANCE
TOTALS											

11 - White  
 12 - Black/African American  
 13 - Asian  
 14 - American Indian/Alaska Native  
 15 - Native Hawaiian/Other Pacific Islander  
 16 - American Indian/Alaska Native & White  
 17 - Asian & White  
 18 - Black/African American & White  
 19 - American Indian/Alaska Native & Black/African American  
 20 – Other Multi Racial

KEY M - Male      H - Handicapped  
      F - Female      E - Elderly  
      FHH – Female Head of Household